

Outreach (HE/RR)

Date: _____

– Intervention Plan – (Example for 1 Intervention)¹

	Primary Population	Secondary Population
Risk Population Mark the risk population this form describes. This list reflects CDC's surveillance hierarchy of exposure categories. If an intervention serves multiple risk populations, choose one primary and one secondary risk population.	<ul style="list-style-type: none"> • MSM • MSM/IDU • IDU • Heterosexual • Mother with/at risk for HIV • General Public 	<ul style="list-style-type: none"> • MSM • MSM/IDU • IDU • Heterosexual • Mother with/at risk for HIV • General Public

Agency Name/ID: _____

Type of outreach to be provided in this intervention: •
(you may select more than one)

- fixed site¹
- active street²
- drop-off site³

Check which of the following best describes your agency:

- CBO - Minority Board
- CBO - Non-Minority Board
- Other Nonprofit
- State Health Department
- Local Health Department
- Other Government
- Academic Institution
- Research Center
- Individual
- Other

Clients To Be Served With CDC Funds (M=male; F=female; T=transgender; NT=sex not targeted)	# 19 years old				20 – 29 years old				30 + years old				Age data not available				TOTAL
	M	F	T	NT	M	F	T	NT	M	F	T	NT	M	F	T	NT	
American Indian/Alaska Native																	
Asian/Pacific Islander																	
White																	
Black																	
Other																	
TOTAL																	
Hispanic																	
Non-Hispanic																	
TOTAL																	

¹ This form is an example that can be used to characterize the critical elements for each intervention of this type. If helpful, data from these forms can then be aggregated to meet the reporting needs described in *Volume 1: Guidance*.

¹Fixed-site outreach

Outreach activities conducted at a specific place (e.g., setting up a table at a corner or working out of a mobile van or storefront).

²Active street outreach

Outreach activities in which workers move from place to place, usually within a defined geographic area.

³Drop-off Site

Sites that volunteer to distribute HIV prevention materials. Typically, outreach workers keep these sites supplied.

Describe what scientific evidence and provider experience were used to develop the intervention. See below for descriptions of each of these.

If you need additional space, please attach a separate sheet to this form.

Scientific Evidence:

- C Data from an evaluation of this intervention
- C Data from an evaluation of a similar intervention
- C A theoretical basis from the scientific literature

Provider Experience:

- C The provider's history or experience of providing this or a similar intervention
- C This is a new intervention for this provider; it is based on other providers' experience *and* no scientific evidence (see above) was used to support the development of it

Basis of the Intervention

Describe how and why this intervention is applicable to your population and setting. Explain the logic that links the intervention and the *outcome objectives* stated for it and how the intervention will bring about these results in your risk population.

If you have a graphic logic model (i.e., a schematic that clarifies the linkages between this intervention's components and expectations concerning its outcomes or effects) that depicts the proposed relationship, please attach a copy to this form.

If you need additional space, please attach a separate sheet to this form.

Justification for Application to the Target Population and Setting

Describe the service delivery plan for the intervention. The service delivery plan should include the steps to implement the intervention, as well as how the agency will ensure that the proposed number and type of clients can be reached as proposed with the described intervention. The plan should also ensure that providers are appropriately trained and supervised and that quality assurance mechanisms are in place to monitor the implementation of the intervention.

If you have existing text that describes the necessary components of this plan from another document, please attach a copy to this form.

If you need additional space, please attach a separate sheet to this form.

Service Delivery Plan